STATE OF MARYLAND—CERTIFICATE OF DEATH

12354

1. PLACE OF DEATH (59)

County Washington Registration Dist. No. 302

Village or City Washington County Hospital No. Hagerstown St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Jessie Ahalt If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. Burkittsville, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Happer Ahalt.

6. DATE OF BIRTH (month, day, and year) Sept 7, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Soloman J. Montgomery

14. BIRTHPLACE (city or town) Mechanicsburg
(State or country)

MOTHER

15. MAIDEN NAME Mary L. Smith

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Mrs Mary Forsle
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown Md. Date Dec 26, 1939

19. UNDERTAKER C. H. Fritz & Bro C. Lee Fritz
(Address) Brunswick Md

20. FILED 12-22-, 1939 Walter Boteler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 22, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1939 to December 22, 1939

I last saw her alive on December 22, 1939; death is said to have occurred on the date stated above, at 11:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	Dec. 14 1939
Other Contributory Cause of importance: Diabetes mellitus	About 1919

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) R. A. Gill M. D.

(Address) Hagerstown Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JAN 8 1940 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(82-a)

12355

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 32 Coffman Av.
Stay in hospital or inst. (yrs., or mos., or days) 15 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 32 Coffman Av
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Aumen.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clara.
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) July 30 - 1869
8. AGE: Years 70 Months 4 Days 24 If less than one day ___ hrs. ___ min.
9. Birthplace Carlile Cumberland Co. Pa.
(Town, county, and state)
10. Usual occupation Carpenter.
11. Industry or business Retired.
FATHER 12. Name John H. Aumen.
13. Birthplace Carlile Pa.
MOTHER 14. Maiden name Rebecca Motter.
15. Birthplace Carlile Pa.
16. Informant Robert W. Aumen.
Address Hershey Pa.
17. Burial. Date thereof Dec 25-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown. Md.
16. Funeral director Andrew K. Coffman
Address Hagerstown Md.
19. 12-25- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 3 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Dec 23 1939, and that I last saw him alive on Dec 15-39 19
Immediate cause of death: Cerebral Hemorrhage
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: Dec 23 39

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W Ditto M. D. or other
Address Hagerstown Md. Date signed 12/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Ditto.

RECEIVED
JAN 8 1940
BUREAU V. S.

Dr Kohler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93c)

12356

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Near Leitersburg Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown Md #5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William M Baker

3. (b) Social Security Number

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife Catherine R Baker

8 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 24 1866

8. AGE: Years 73 | Months 4 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace New Franklin Pa
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Fredirick Baker
13. Birthplace Penna

MOTHER
14. Maiden name Mary Zentmyer
15. Birthplace Penna

16. Informant Mrs Catherine R Baker

Address Hagerstown Md #5

17. Green Hill (Burial, cremation, or removal. Which?) Date thereof Jan 1 1940 (month) (day) (year)

Cemetery or crematory Green Hill cemetery

Location Waynesboro Pa

18. Funeral director Walter y Grove

Address Waynesboro Penna

19. 1/1 1940 (Date rec'd by registrar) W. B. Newcomer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1939, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 30 1939, and that I last saw him alive on Dec 30 1939.

	DURATION
Immediate cause of death: Pulmonary infarction (Right)	12 days
Due to Myocarditis Chronic	4 yrs
Due to Arteriosclerosis	5 yrs
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations ✓

Dt autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE G. A. Kohler M. D. or other

Address Smithsburg Date signed 12/30/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

12357

CERTIFICATE OF DEATH

Reg. Dist. No. 801

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Artizan St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rolland Lee Barnhart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Baby

6 (b) Name of husband or wife Baby

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21 1939

8. AGE: Years | Months | Days 4 | If less than one day hrs. min.

9. Birthplace Williamsport, Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Daniel Barnhart

13. Birthplace Hyuetts Dist Md

MOTHER

14. Maiden name Adalade Weaver

15. Birthplace Pa.

16. Informant Daniel Barnhart

Address Artizan St. Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25 1939 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown, Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. Dec 25 1939 (Date rec'd by registrar) Mrs Edie Lee McElhoy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/39 19 , at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/24/39 19 to 12/24/39 19 , and that I last saw him alive on 12/24/39 19 .

	DURATION
Immediate cause of death Pulmonary Atelectasis	3 Days
Due to Prematurity	8 Mo.
Due to Partial Asphyxia at Birth	3 Days
Other conditions Somnolence	3 Days

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph F. Young M. D. or other

Address Williamsport, Md Date signed 12/24/39

RECEIVED
JAN 9 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12358

Reg. Dist. No. 302

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 440 Mechanic St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 440 Mechanic St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rose E. Batman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband ~~or wife~~: Turner J. Batman

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Feburary 17, 1874

8. AGE: Years: 65 | Months: 10 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Luray, Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: S. T. Grandstaff
13. Birthplace: Page County, Virginia

MOTHER
14. Maiden name: Laura T. Carpenter
15. Birthplace: Rapphannock Co., Virginia

16. Informant: Turner J. Batman
Address: 440 Mechanic St., Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/17/39 (month) (day) (year)

Cemetery or crematory: Luray, Virginia

Location: Luray

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 12-16 (Date rec'd by registrar) 19 39 Robert H Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15, 1939 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28, 1930, to Dec. 15, 1939, and that I last saw h alive on Dec. 14 1939.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	July 27, 1938
Due to: Pneumothorax Pathologic	12-13-39
Due to: Carcinoma Colon	June 1939
Other conditions: Carcinoma Right Breast	Jan. 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Radium Rt. Breast Feb-1937.
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of: X

Where did injury occur? X (City or town) X (County) X (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W Howard Jeager M. D. or other

Address: Hagerstown, Md. Date signed: 12-15-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12359

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: 724 George St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 724 George St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Gladys Elizabeth Betts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 26, 1913

8. AGE: Years	Months	Days	If less than one day
26	0	10	hrs. min.

9. Birthplace: Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Southern Shoe Co.

11. Industry or business: Hagerstown

FATHER

12. Name: David Betts

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Minnie Mundey

15. Birthplace: Hagerstown, Md.

16. Informant: David Betts

Address: 724 George St. Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/10/39 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown, Md.

18. Funeral director: F.W. Kraiss

Address: Hagerstown Md.

19. 12-9- 1939 (Date rec'd by registrar) Elliott Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1939, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1937 to Dec 6 1939, and that I last saw h- alive on Dec 6 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis Toxaemia	10/1/37
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. L. Porterfield M D, M. D. or other

Address: 136 W Washington St Date signed: 12/6/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12360

1. PLACE OF DEATH

County WASHINGTON (94P) Registration Dist. No. # 307

Village or City WEVERTON Maryland No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ABNER BROCK BINGHAM If U. S., Veteran, specify WAR

(a) Residence: No. WEVERTON, Maryland St., Ward. Social Security Number - 705-05-6775
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE ~~WHITE~~ | 4. COLOR OR RACE WHITE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNIE L. ROBOSSON

6. DATE OF BIRTH (month, day, and year) 1871-5-13

7. AGE Years 68 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Retired R.R. Patrol MAN

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupation (month end year) Dec. 12 1938

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) WEVERTON
(State or country) MARYLAND

FATHER

13. NAME DAVID H. BINGHAM

14. BIRTHPLACE (city or town) WIND FALLS
(State or country) BALTO. COUNTY. Md

MOTHER

15. MAIDEN NAME MARY M. MERRIMAN

16. BIRTHPLACE (city or town) PETERSVILLE
(State or country) MARYLAND

17. INFORMANT Mrs Annie L. Bingham
(Address) Weverton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place KNOXVILLE Date Dec. 14, 1939

19. UNDERTAKER Jesse S. Dailey
(Address) HARPERS-FERRY W. Va

20. FILED 12/14/39, 19 Cornelius W. Castle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Dec 12, 1939

I last saw him elive on Dec 12, 1939, deeth is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Aug 20 39

Other **Contributory Causes** of importance:

Name of operetion Dete of

What test confirmed diegnosis? Electrocardiographic Was there an autopsy? no

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Wes disease or injury in eny way related to occupation of deceased?

If so, specify

(Signed) William Schnauffer M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JAN 6 1940 U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

12361

Reg. Dist. No. 306

1. PLACE OF DEATH

County Washington

~~City or~~ town Smithsburg md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) no.

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wash.

City or town Smithsburg md ~~Ward No.~~

(If outside city or town limits, write RURAL NEAR and give town)

Street No. none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Miss Emily. Bishop

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) ~~Single, married, widowed, or divorced~~: Single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dont Know.

8. AGE: Years: About 70 yrs | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Smithsburg md (Town, county, and state)

10. Usual occupation Housekeeping

11. Industry or business none

FATHER

12. Name Benjamin Bishop

13. Birthplace Smithsburg md

MOTHER

14. Maiden name Mariah Drane

15. Birthplace Sang Runn. Md

16. Informant Susan Bishop

Address Smithsburg md

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof 12-7 1939 (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg md

18. Funeral director Geo B Hoover

Address Smithsburg md

19. Dec 6th 1939 (Date rec'd by registrar) Geo W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Dec 5 1939, and that I last saw her alive on Dec 5 1939.

Immediate cause of death: Pulmonary Edema — DURATION: 6 hours

Due to Central Arteriosclerosis — 1 yr

Due to Myocarditis — 3 yrs

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. G. Kohler M. D. or other

Address Smithsburg Date signed 12/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

12362

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 435 W. Church St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 435 W. Church

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma E. Bogner

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John Bogner

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 17 - 1879

8. AGE: Years 60 Months 4 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace: Greencastle, Franklin Co. Pa. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER

12. Name: Robert Snyder

13. Birthplace: Greencastle, Franklin Co Pa

MOTHER

14. Maiden name: Martha Robertson

15. Birthplace: Greencastle Franklin Co. Pa

16. Informant: Lester Tirtlow

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 - 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 12-16- 1939 (Date rec'd by registrar) Chas. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-39 19__, to 12-13- 1939, and that I last saw her alive on 12-13-39 19__.

Immediate cause of death: arterio sclerosis c̄ hypertension

Due to

Due to Chr. Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1935

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 12/14/39

RECEIVED
JAN 8 1940
BUREAU V. S.

12363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown Md. (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) Stillborn

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington Co.

City or town Hardcoal R#1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(d) FULL NAME Baby Girl Breeden

3.(b) Social Security Number

4. Sex Female

5. Color or race white

6.(a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1939

8. AGE: Years Months Days If less than one day hrs. min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr. Joe W. Breeden

13. Birthplace Green Co Virginia

MOTHER 14. Maiden name Mary Lee Henley

15. Birthplace Green Co. Virginia

16. Informant Husband.

Address

17. Cremated (Burial, cremation, or removal. Which?) Date thereof Dec 20. 1939 (month) (day) (year)

Cemetery or crematory Wash. Co Hosp.

Location Hagerstown, Md.

18. Funeral director Washington Co Hospital

Address Hagerstown, Md.

19. 12-20- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Dec 19 1939, and that I last saw her alive on Dec 19 1939.

Immediate cause of death Premature separation of placenta

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Walter Farmer M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (59)

12364

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Maugansville Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Allie M. Colvin.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Married.

8 (b) Name of husband or wife H-Leo

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Nov. 25 - 1880

8. AGE: Years 59 | Months — | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Stanley Page Co Va.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER

12. Name Alex McDaniels.

13. Birthplace Madison Va.

MOTHER

14. Maiden name Lydia Breeden.

15. Birthplace Stanley Va.

16. Informant Mrs. Nora Barker

Address Hagerstown, Md

17. Burial. Date thereof Dec 23-1939.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. 12-22- 19 39 Chas H Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 1939 to Dec 20 1939 and that I last saw h alive on Dec 20 1939

	DURATION
Immediate cause of death Coronary Thrombosis	10 days.
Due to	
Due to	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. N. Bradley M. D. or other

Address Hagerstown Date signed Dec 22 39

VS A15

W. Bradley

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

12365

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 322 Hinganore Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 322 Hinganore Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth F. Cooper.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow-

6 (b) Name of husband or wife William H.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 5- 1849

8. AGE:

Years	Months	Days	If less than one day
90	6	21	____ hrs. ____ min.

9. Birthplace Cavetown, Washington Co Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name No Record

13. Birthplace " "

MOTHER 14. Maiden name No Record

15. Birthplace " "

16. Informant Mrs S. E. Housen.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 28-1939. (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg Md

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. 12-27- (Date rec'd by registrar) 19 H. Stuart Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 6 22-H. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1- 1939, to Dec 26 1939, and that I last saw him alive on Dec 23-39 1939

Immediate cause of death	DURATION
Senility	3yrs
Due to	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Stuart Bowers M. D. or Other

Address Hagerstown Md Date signed 12/29/39

Dr. Ditto

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12366

(83)

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown No. Washington County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James M. De Launey If U. S. Veteran, specify WAR

(a) Residence: No. Washington Co. Home St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Dec 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Days Laborer

10. Date deceased last worked at this occupation (month and year) Aug 1, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sharpsburg MD.

FATHER

13. NAME James T. De Launey

14. BIRTHPLACE (city or town) (State or country) Sharpsburg MD.

MOTHER

15. MAIDEN NAME Sarah Delana

16. BIRTHPLACE (city or town) (State or country) Sharpsburg MD.

17. INFORMANT Mrs. Normand Wilson

(Address) Sharpsburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place Sharpsburg, Md. Date Dec 3, 1939

19. UNDERTAKER C. L. Allison

(Address) Emmitsburg Md.

20. FILED Dec 1, 1939 Elizabeth Hoover

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 1, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Dec 1, 1939

I last saw him alive on Nov 1, 1939; death is said to have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
I. Uremia; meaning thereby	5 y
C. General paralysis of the insane.	
Duration: One year.	
Other Contributory Causes of importance:	
Aortitis & Stroke	

Name of operation Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Bradley M. D.

(Address) Hagerstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

12367

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Western Pike R#40

Stay in hospital or inst. (yrs., or mos., or days) 24 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Western Pike R#40

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clyde A Dougherty

3. (b) Social Security Number 214-09-3486

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6 (b) Name of husband or wife Ruth.

6(c) If alive, give age 46. years

7. Birth date of deceased (mo., day, yr.) Oct 13- 1893.

8. AGE: Years	Months	Days	If less than one day
46.	2	5-	hrs. min.

9. Birthplace Clear Springs Wash. Md. (Town, county, and state)

10. Usual occupation Mechanic Auto.

11. Industry or business Hoffman Chevrolet Co-

FATHER 12. Name Lewis Dougherty

13. Birthplace Clear Springs Md.

MOTHER 14. Maiden name Laura Shaulz

15. Birthplace Clear Spring Md.

16. Informant Mrs Ruth Dougherty

Address Hagerstown Md Rt. 2.

17. Burial. Date thereof Dec 20-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Hagerstown Md R# 40

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. 12 - 19 - 1939 Chas H. Bowers S. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 12 45p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXX 19 , to 19 ,

and that I last saw him alive on 1m 19 ,

Immediate cause of death	DURATION
Gun shot wound of skull	12/18/39
Due to Open fracture of skull	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Dec. 18 '39

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Gun shot Injured at work? No

23. SIGNATURE J. Rules Wells M. D. or other Deputy Med. Exam. Wash., Co., Md.

Address Hagerstown Md Date signed 12.18.39

Dr Wells.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12368

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 254 So Potomac St
Stay in hospital or inst. (yrs., or mos., or days) 40yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 254 So. Potomac.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Wingert Draper.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White.	Married

6 (b) Name of husband or wife M. Louise.
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Jany 19- 1862.

8. AGE: Years	Months	Days	If less than one day
78	10	30	hrs. min.

9. Birthplace Dry Run Franklin Co Pa.
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Clerk Hardware Store

FATHER
12. Name John Draper
13. Birthplace Clear Springs Md.

MOTHER
14. Maiden name Catherine Wingert.
15. Birthplace Dry Run Pa.

16. Informant Mrs M Louise Draper
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21-1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md

18. Funeral director Andrew K Cassman
Address Hagerstown Md

19. 12-21- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1- 1939, to Dec 18 1939, and that I last saw him alive on Dec 18-39 19

Immediate cause of death	DURATION
Coronary Disease	6 mo.
Due to	
Due to	
Other conditions Debility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. W. Otto Jr. M. D. or other
Address Hagerstown Md Date signed 12/19/39

Dr D. Otto

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

CERTIFICATE OF DEATH

12369

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 124 Bloom ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 31 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 124 Bloom ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maud Ica Edemy

3. (b) Social Security Number

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Alexander Edemy

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 16 – 1890

8. AGE: Years 49 Months 10 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace Keedysville md (Town, county, and state)

10. Usual occupation House wife (work)

11. Industry or business at Home

FATHER 12. Name George Fisher

13. Birthplace Keedysville md

MOTHER 14. Maiden name Barbara Keets

15. Birthplace Keedysville md

16. Informant Alexander Edemy

Address 124 Bloom avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12 – '39 (month) (day) (year)

Cemetery or crematory Red Hill Cemetery

Location Keedysville md

18. Funeral director John M Caldwell

Address 166 N Jonathan St Hagerstown md

19. 12-11-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10th 1939, at 3:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7th 1939, to Dec 10th 1939, and that I last saw her alive on Dec 10th 1939.

Immediate cause of death: Coronary occlusion — 3 days

Chronic myocarditis — ?

Arteriosclerosis — ?

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Date signed md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

12370

CERTIFICATE OF DEATH

Reg. Diat. No. 3 as

1. PLACE OF DEATH:

County Washington

City or town Sam Mar

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sam Mar Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mollie Ellen Esmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife Wm. Walter Esmer

8(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 14 1876

8. AGE:

Years	Months	Days	If less than one day
63	8	23	hrs. min.

9. Birthplace Near Funkstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name Martin V. B. Adams

13. Birthplace Wash. Co. Md.

MOTHER

14. Maiden name Isabel C. Landis

15. Birthplace Wash. Co. Md.

16. Informant Wm. Walter Esmer

Address Boonsboro Md. R. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10. 1939 (month) (day) (year)

Cemetery or crematory Burns Hill Cemetary

Location Waynesboro Penna

18. Funeral director Wm. J. Best & Son

Address Boonsboro Md.

19. Dec. 10. 1939 (Date rec'd by registrar) William J. Best Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1939, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1939 to December 8 1939 and that I last saw her alive on December 8 1939.

	DURATION
Immediate cause of death	
Carcinoma of omentum	1 yr.
Due to	
and peritoneum	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M. D.

M. D. or other

Address Boonsboro Date signed 12/8/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 3 53

12371

CERTIFICATE OF DEATH

93C

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Clearspring, Md. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Clearspring, Md. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Forsythe

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary A. Forsythe

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1858

8. AGE: Years 81 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Washington Co.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Forsythe
13. Birthplace Washington Co.

MOTHER
14. Maiden Name Susan Breisch
15. Birthplace Washington Co.

16 (a) Informant Mrs. Clydde Forsythe
(b) Address Clearspring, Md. Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1939 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Near clearsping, Md.

18 (a) Funeral director Snyder - Rowland
(b) Address Clearspring, Md.

19 (a) Dec 24 1939 (Date rec'd by registrar) (b) Joseph W. Murray Local Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 22 1939, at 12:55 pm

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Dec. 22 1939, and that I last saw him alive on Dec. 21 1939.

Immediate cause of death	Duration
Chronic Myocardial Sclerosis	4 yrs.
Due to	
Due to	
Other conditions Arterio Sclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David R. Brewer, M.D.
M. D. or other

Address Clear Spring, Md. Date signed 12/23/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12372

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: # 1010 Rose Hill Ave

Stay in hospital ~~or inst. (yrs., or mos., or days)~~

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1010 Rose Hill ave.

(If rural give LOCATION)

2(a) ~~If VETERAN, NAME WAR~~

3. (a) FULL NAME John C. Hartle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Florence Loretta Hartle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 10 1855

8. AGE:

Years	Months	Days	If less than one day
84	0	18	____ hrs. ____ min.

9. Birthplace Beaver Creek Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER

12. Name Jacob Hartle

13. Birthplace Leitersburg Wash. Co. Md.

MOTHER

14. Maiden name Amelia Creager

15. Birthplace Thurmont Fred. Co. Md.

16. Informant Arthur J. Hartle

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30. 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetary

Location Hagerstown Md.

18. Funeral director W. H. Bast & Son

Address Boonsboro Md.

19. 12/30/39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1939, at 7 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to Dec 28 1939, and that I last saw him alive on Dec. 27 1939

Immediate cause of death	DURATION
Chronic Myocarditis	Indef.
with Hypertension	Indef.
Due to Arteriosclerosis	
Due to	
Other conditions Senile Gangrene (foot)	5 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Kriesley M.D.

M. D. or other

Address 48 E. Wash St. Date signed 12/28/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

12373

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Rear 50 W North St

Wash. County Hospital 6 days

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. Rear 50 W North St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie Harvey

3. (b) Social Security Number

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife Charlie Harvey

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1885

8. AGE: Years 54 Months 3 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Maysville Frederick County Md (Town, county, and state)

10. Usual occupation Cook

11. Industry or business House Work

FATHER 12. Name unknown

13. Birthplace unk

MOTHER 14. Maiden name unknown

15. Birthplace unk

16. Informant Charlie Harvey

Address Rear 50 W North St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan Dec 2 - 1939 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown Md

18. Funeral director Rue M Caldrell

Address 160 N Jonathan St Hagerstown Md

19. 1-1-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939 4;05 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XX 19__, to 19__, and that I last saw her alive on 19__.

Immediate cause of death

Sub dural hemorrhage

Due to (intra-cranial)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Dec. 29 '39

Of autopsy Sub dural hemorrhage

DURATION 12/21/39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 12/21/39

Where did injury occur? Hagerstown, Wash, Maryland (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Struck by fist Injured at work? No

23. SIGNATURE A. Robert Mills Deputy Med. Exam. Was., Co., Md. M. D. or other

Address Hagerstown, Md Date signed 12-30-39

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

12488

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 123 Clarkson ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 123 Clarkson Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Mason Harvey

3. (b) Social Security Number 220-09-9031

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Harvey

6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.): June 19 - 1892

8. AGE: Years 47 | Months 6 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace: Clearspring Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Wr. P. A.

FATHER
12. Name: Calvin Harvey
13. Birthplace: Clearspring Md

MOTHER
14. Maiden name: Malinda Sanders
15. Birthplace: Clearspring Md

16. Informant: Grace Harvey

Address: 123 Clarkson Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1 - 1940 (month) (day) (year)

Cemetery or crematory: Rosehill Cemetery

Location: Hagerstown Md

18. Funeral director: John M Caldwell

Address: 168 N Jonathan St Hagerstown Md

19. 1-1-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-39 19 ___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-28-39 19 ___, to 12-29-39 19 ___, and that I last saw him alive on 12-29-39 19 ___.

Immediate cause of death: Luetic Heart Chronic — DURATION: 1 Mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: S E Harvey M.D. M. D. or other

Address: Hagerstown Md — Date signed 12/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 5 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

12374

(13-c)

1. PLACE OF DEATH

County Washington Co. Registration Dist. No. 302

Village or City Hagerstown No. St., 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie E. Hull If U. S. Veteran, specify WAR

(a) Residence: No. 40 East Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Wid~~ Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 8th 1858

7. AGE: Years 81 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Practical

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Perry Co. Pa.

FATHER

13. NAME: ? Drayer

14. BIRTHPLACE (city or town) (State or country): ? ~~Drayer~~ Pa.

MOTHER

15. MAIDEN NAME: Annie M. Knobe

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Frank McCleary 40 East Ave. Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Greencastle Pa. Date: Dec. 20, 1939

19. UNDERTAKER (Address): Nevin K. Fisher Greencastle, Pa.

20. FILED: 12-19-, 1939 Chas. H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1939, to Dec 18, 1939

I last saw her alive on Dec 17, 1939; death is said to have occurred on the date stated above, at 12:35 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
" Pleurisy	

Other Contributary Causes of importance:

Coronary Embolism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Hauffer M. D.

(Address) Hagerstown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

12375

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Boonsboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Jones.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 18, 1939

8. AGE:

Years	Months	Days	If less than one day
—	—	—	____ hrs. ____ min.

9. Birthplace Boonsboro Washington Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Alvey B. Jones

13. Birthplace Roxbury Washington Co. Md.

MOTHER

14. Maiden name Ethel Beachley

15. Birthplace Boonsboro Washington Co. Md.

16. Informant Mrs. Ethel Jones

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19. 1939 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

16. Funeral director Wm. J. Bart & Son

Address Boonsboro Md.

19. Dec. 19 1939 (Date rec'd by registrar) William J. Bart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 1939 to Dec. 18 1939, and that I last saw him alive on Dec. 18 1939.

Immediate cause of death	DURATION
Stillbirth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Draper M.D. M. D. or other

Address Boonsboro, Md. Date signed 12-18-39

RECEIVED
JAN 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

12376

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown- Cavetown Pike
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - Cavetown Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Kailer

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Thomas H. Kailer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) October 2, 1844
8. AGE: Years 95 Months 2 Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace Frederick County, Md.
(Town, county, and state)
10. Usual occupation Home Work
11. Industry or business
FATHER 12. Name George Witmer
13. Birthplace Frederick County, Md.
MOTHER 14. Maiden name Mary E. Gilpin
15. Birthplace ---- England
16. Informant Miss Edith Kailer
Address Hagerstown, Md. R F D
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 25, 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.
19. 12-24- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1939 1:30 at A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to 12/21 1939
and that I last saw her alive on 12/21 1939
Immediate cause of death Chronic Endocarditis
Chronic Nephritis
Due to (?) arteria sclerosis
Due to ?
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

DURATION ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ✓ Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE Victor D. Miller M. D. or other
DR. VICTOR D. MILLER,
Address 131 W. WASHINGTON ST. Date signed
HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93c)

CERTIFICATE OF DEATH

12377

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 829 Lanvale St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 829 Lanvale St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Kendle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Charles M. Kendle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 20, 1879

8. AGE:

Years	Months	Days	If less than one day
60	5	4	____ hrs. ____ min.

9. Birthplace Washington County (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Souders
13. Birthplace Unknown

MOTHER
14. Maiden name Charlott Stoner
15. Birthplace Unknown

16. Informant Mrs. Edna Boward

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/17/39 (month) (day) (year)

Cemetery or crematory Broardfording Cemetery

Location Broardfording

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 12-16- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14th 1939, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 9th 1939, to Dec 14th 1939, and that I last saw her alive on Dec 11 1939.

Immediate cause of death Bronchial Asthma — DURATION —

Due to Chronic myocarditis —

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip J. Kirshman M. D. or other

Address Hagerstown Md Date signed 12/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12378 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Alley ?

City or town Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. State Line, Maryland

(If rural give LOCATION)

2(a)-IF VETERAN, NAME WAR

3. (a) FULL NAME George Alfred Koons

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Eve Elizabeth Koons

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1851

8. AGE: Years	Months	Days	If less than one day
88	7	3	hrs. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Wesley Koons

13. Birthplace Maryland

MOTHER 14. Maiden name Catherine Omwake

15. Birthplace Pennsylvania

16. Informant Howard Koons

Address Roaring Springs, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6, 1939 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Franklin Co., Pa.

18. Funeral director A. E. Minnich

Address Greencastle, Pa.

19. 12-4-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1939, at 3:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw him alive on 19 .

Immediate cause of death	DURATION
Fractured Skull	12/2/39
Due to Fractured humerus	12/2/39
Due to Shock	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/2/39

Where did injury occur? Middleburg, Wash. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Struck by Auto Injured at work? No

23. SIGNATURE J. Robert Wells Deputy Med. Exam. Wash. County M. D. or other

Address Hagerstown, Maryland Date signed 12/4/39

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JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12379

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 487 McDowell Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur Edward Larkins.

3. (b) Social Security Number no number.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Effie E. Larkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 13 - 1879.

8. AGE: Years 60 Months 7 Days - If less than one day ____ hrs. ____ min.

9. Birthplace Woodstock Shenandoah. Va. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business —.

FATHER

12. Name John Larkens.

13. Birthplace Woodstock Va.

MOTHER

14. Maiden name Malinda McWilliams.

15. Birthplace Rockingham Va.

16. Informant Mrs Lucy Riffee

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 15, 1939 (month) (day) (year)

Cemetery or crematory Rest Haven Cem

Location Hagerstown Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 12-14-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14 1939, to December 13 1939, and that I last saw him alive on December 12 1939.

Immediate cause of death: Chronic nephritis — DURATION ?

Due to

Due to

Other conditions: Chronic myocarditis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE P B Norment MD

M. D. or other

Address Hagerstown, Md Date signed 12/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W Norment

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12380

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 113 Winter St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 113 Winter St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Premature child (Light)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	—

6 (b) Name of husband or wife: —

6(c) If e1ive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 4-1939.

8. AGE: Years: — Months: — Days: — If less than one day: hrs. min.

9. Birthplace: — (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Aaron Light

13. Birthplace: Hagerstown, md.

MOTHER — 14. Maiden name: Bessie L. Baker

15. Birthplace: Wash Co. Md.

16. Informant: Aaron Light

Address: Hagerstown, md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Dec (day) 8 (year) 1939

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, md

18. Funeral director: C. M. Suter & Sons.

Address: Hagerstown, md.

19. (Date rec'd by registrar) 12-5 19 39 (Registrar) Chas H Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1939, to Dec 4 1939, and that I last saw ~~him~~ ~~her~~ on 19

Immediate cause of death	DURATION
Premature labor	
Due to Abd Births	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Allen Fasnacht M. D. or other

Address: Date signed:

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

12381

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Medway Ave.
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Medway Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert L. Lupersbeck

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife

6(c) If e1ive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 26 - 1938

8. AGE: Years 1 | Months 10 | Days 21 | If less than one day hrs. min.

9. Birthplace Hagerstown, Wash Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name George Lupersbeck.
13. Birthplace Hungary

MOTHER 14. Maiden name Mary Sage
15. Birthplace Security Md.

16. Informant George Lupersbeck
Address Hagerstown Md.

17. Burial. Date thereof Dec 19-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. 12-19-1939 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —— 19—, to —— 19—, and that I last saw him alive on —— 19—.

Immediate cause of death	DURATION
Suffocation	12/16/39
Due to Drowning	12/16/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident - Date of 12-16-39
Where did injury occur? Hagerstown Wash - Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury accident Drowning (no

Deputy Ped. Exam

23. SIGNATURE H. Robert Wells Wash. Co., Md.
M. D.
Address Hagerstown, Md. Date signed 12-16-39

D. Wells -

RECEIVED
JAN 8 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (108)

12382

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 118 Blooms Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 118 Blooms Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Lushbaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Richard Lushbaugh

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown -- 1879

8. AGE: Years	Months	Days	If less than one day
60	--	--	____ hrs. ____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name John Lizer
13. Birthplace Wash. County, Md.

MOTHER
14. Maiden name Sarah Gowker
15. Birthplace Wash. County, Md.

16. Informant Mrs. Caroline Everly
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 7, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 12-7- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1939, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2 1939, to Dec. 5 1939, and that I last saw her alive on Dec. 4 1939.

Immediate cause of death — DURATION

Lobar Pneumonia — 10-12 days

Due to (Type 29)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. D. Campbell M. D. or other

Address 145 W. Washington St. Date signed Dec 6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94E)

12383

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

4 S. Potomac Street

Stay in hospital or inst. (yrs., or mos., or days) (Sudden death)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Franklin

City or town Waynesboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3 West Main Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Alberta Mace (Mrs. F.M.)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frederick M. McKee

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1868

8. AGE: Years	Months	Days	If less than one day
70	1	11	hrs. min.

9. Birthplace Mont Alto, Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name Dr. John McKee

13. Birthplace Franklin Co., Pa.

MOTHER 14. Maiden name Kate Gantz

15. Birthplace Franklin Co., Pa.

16. Informant Frederick M. Mace

Address Waynesboro, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23, 1939 (month) (day) (year)

Cemetery or crematory Green hill Cemetery

Location Waynesboro, Pa.

18. Funeral director Walter Y. Grove

Address Waynesboro, Pa.

19. 12-21-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 '39 19 7.05 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXX 19 to 19

and that I last saw her alive on 19

Immediate cause of death	DURATION
Coronary Occlusion	12/20/39
Due to Ventricular Fibrillation	12/20/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy NC

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Mills Deputy Med. Exam. Wash., Co., Md. M. D.

Address Hagerstown, Md. Date signed 12-20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
U.S.A.U.-V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-C

12384

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital,~~ or institution: 817 W. Franklin

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 817 W. Franklin St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Alice Martin

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or ~~wife~~: John R. Martin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 1 - 1860

8. AGE: Years: 79 Months: 2 Days: 8 If less than one day ____ hrs. ____ min.

9. Birthplace: Millstone, Washington Co. Md
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: Not Known
13. Birthplace: " "

MOTHER
14. Maiden name: Sarah Kinsell
15. Birthplace: Millstone, Md.

16. Informant: Bruce Martin
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 12 - 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 12-11- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1939, at 9 a.m. 25

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 - 1939, to Dec 9 1939, and that I last saw her alive on Dec 9 - 39 19

Immediate cause of death: Cr. Myocarditis

DURATION: 1 37

Due to:

Due to:

Other conditions: Arteriosclerosis Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D. E. W. Otto M. D. ~~or other~~

Address: Hagerstown Md Date signed: 12/8/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-C)

CERTIFICATE OF DEATH

12385

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1923 Virginia Ave
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1923 Virginia Ave
(If rural give LOCATION)
2(b) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Lucy Virginia McDonald

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph W. McDonald
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April - 9 - 1875

8. AGE:

Years	Months	Days	If less than one day
64	8	8	____ hrs. ____ min.

9. Birthplace Berkley Springs W. Va. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name William Miller
13. Birthplace Berkley Springs W. Va.

MOTHER
14. Maiden name Isabel Batt
15. Birthplace Berkley Springs W. Va.

16. Informant Mrs. Mary Abel
Address 1923 Virginia Ave. Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11. 1939 (month) (day) (year)
Cemetery or crematory Riverview Cemetary
Location Williamsport Md.
18. Funeral director Wm. J. Bast & Son
Address Boonsboro Md.
19. 12-11-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1939, at 3:38 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____,
and that I last saw her alive on ____ 19____.

Immediate cause of death	DURATION
Coronary Occlusion	12/7/39
Due to Chr. Myocarditis	1936
Due to Ventricular Fibrillation	12/7/39
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Robert Wells Deputy Med. Exam. Wash., CO., Md.
M. D. or other
Address Hagerstown, Md. Date signed 12/11/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12386

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Leitersburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Leitersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary alice McDowell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband ~~or wife~~ XX Lewis S. McDowell

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) 6/21/1856

8. AGE: Years	Months	Days	If less than one day
83	6	1	hrs. min.

9. Birthplace Washington County
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business

FATHER 12. Name Wilford Flora

13. Birthplace Smithburg, Md.,

MOTHER 14. Maiden name Sarah Lyday

15. Birthplace Thurmont, Md.

16. Informant Lewis S. McDowell

Address Leitersburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)

Cemetery or crematory Luthern Cemetery

Location Leittersburg, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec 26 1939 (Date rec'd by registrar) W B Newcomer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 22 1939, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug - 1936, to Dec - 22 - 1939, and that I last saw h~~im~~er alive on Dec - 19 - 1939.

	DURATION
Immediate cause of death: Myocardial failure	6 hrs.
Due to: Generalized Arteriosclerosis -	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dallie H Winkoop M. D. or other

Address Waynesboro Pa Date signed 12/22/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12387

CERTIFICATE OF DEATH

Reg. Dist. No. 311

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md R. F. D #1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md RFD #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D. #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jenina Metz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert Russel Metz

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov 27 1900

8. AGE: Years	Months	Days	If less than one day
39		7	hrs. min.

9. Birthplace Near Downsville Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Daniel H Cunningham

13. Birthplace Chewsville Md

MOTHER 14. Maiden name Violo Dick

15. Birthplace Charles Mill Md

16. Informant Robert Russel Metz

Address Williamsport, Md. R.F.D #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6 1939 (month) (day) (year)

Cemetery or crematory Green Lawn Cemetery

Location Williamsport, Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md.

19. Dec 6. 1939 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1939 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h-- alive on ____ 19__.

	DURATION
Immediate cause of death Pulmonary tuberculosis & Hemorrhage	1937 12.4.39
Due to Diabetes Mellitus	1938
Due to Syphilis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy N D

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Mills deputy Wash. Co. Md.
M. D. or

Address Hagerstown, Md Date signed 12.4.39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12388

1. PLACE OF DEATH

County Washington

City or town Cavetown Md

(If outside city / town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: none

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wash.

City or town Cavetown Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John Thomas Miller

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) ~~Name of husband or~~ wife Margaret Miller

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 4-17-1859

8. AGE: Years	Months	Days	If less than one day
80	8	11	____ hrs. ____ min.

9. Birthplace Fairfield Adams Co Pa (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

FATHER 12. Name Jacob Miller

13. Birthplace Fairfield Adams Co Pa

MOTHER 14. Maiden name Ada Collins

15. Birthplace Fairfield Adams Co Pa

16. Informant Margaret Miller

Address Cedartown Md

Sharpsburg (Burial, cremation, or removal? Which?) Date thereof 12-30-1939 (month) (day) (year)

Cemetery or crematory Sharpsburg

Location Sharpsburg Wash. Co Md

18. Funeral director Geo B. Hoover

Address Smithsburg Md

19. Dec 30 1939 (Date rec'd by registrar) H. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1937, to Dec 28 1939, and that I last saw him alive on Dec 28 1939

	OURATION
Immediate cause of death Cerebral Thrombosis	1 mo.
Due to Arterio Sclerosis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. G. Nicholas M. D. or other

Address Smithsburg Date signed 12/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12389

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Clear Spring R 7 Pd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clear Spring Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy Josephine Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1939

8. AGE:

Years	Months	Days	If less than one day
0	0	21	hrs. min.

9. Birthplace Washington Co. Md.
(town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph Miller
13. Birthplace Rockingham Co. Va

MOTHER
14. Maiden name Rosie Hyatt
15. Birthplace Jefferson Co. W. Va

16. Informant Joseph Miller
Address Clear Spring, Md R 7 Pd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29 1939 (month) (day) (year)
Cemetery or ~~crematory~~ County Home
Location Hagerstown, Md.

18. Funeral director Snyder-Rowland
Address Clear Spring Md

19. Dec 29 1939 (Date rec'd by registrar) Leroy W. Forkler Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1939, at 2:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h---alive on ---- 19---.

Immediate cause of death	DURATION
Bronchopneumonia	12-27-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Richard Wells Deputy Med. Ex. Wash. Co. Md.
M. D. or other
Address Hagerstown, Md. Date signed 12-28-39

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(191)

12390

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Smithsburg md Rt #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Washington
City or town Smithsburg md #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah S Newcomer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Widow

6 (b) Name of husband or wife Samuel Newcomer
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1851

8. AGE:

Years	Months	Days	If less than one day
88	1	12	hrs. min.

9. Birthplace Smithsburg md #2
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Daniel Beard
13. Birthplace md

MOTHER 14. Maiden name Lydia Kissinger
15. Birthplace md

16. Informant Mary Newcomer
Address Smithsburg md #2

17. Luthern Cemetery Date thereof 12/28/1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Luthern
Location Leitersburg md

18. Funeral director Walter G Grove
Address Waynesboro Pa

19. Dec 26 1939 W B Newcomer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/25 1939, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to 12/28/25 1939, and that I last saw h alive on 12/25 1939.

Immediate cause of death	DURATION
Chronic Endocarditis	2
" Nephritis	6
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Victor Shriller M. D. or other
Address Hagerstown Md Date signed 12/29/1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12391

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 2 weeks
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. #4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 50 E Irvin Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs Fannie Grace Nigh.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widow -

6 (b) Name of husband or wife: Edward B.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 2 - 1870

8. AGE:

Years	Months	Days	If less than one day
69	2	18	____ hrs. ____ min.

9. Birthplace: Wingerton Franklin Co Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Miller Funk.
13. Birthplace: Wingerton Pa

MOTHER
14. Maiden name: Emily Trovinger.
15. Birthplace: Hagerstown. Md

16. Informant: Mrs E. K. Baechtel
Address: Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 22-1939. (month) (day) (year)
Cemetery or crematory: Rose Hill Cem
Location: Hagerstown. Md.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md.

19. 12-24-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1939, at 8:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/10 1939, to 12/20 1939, and that I last saw her alive on 12/19 1939.

Immediate cause of death: Cancer left breast - Generalized Metastasis — DURATION: 8 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cancer left breast - extension to axilla
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Frank J Lusby M. D. or other
Address: 170 W Washington St Date signed 12/20/39

Dr Lusby -

RECEIVED
JAN 8 1948
BUREAU V. S.

colored

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

12392

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County: Washington
City or town: Weverton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ora C. Peare

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John C. Peare
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 15-1874
8. AGE: Years: 65 Months: 7 Days: 11 If less than one day: hrs. min.
9. Birthplace: Brownsville, Washington County, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: David N. Bingham
13. Birthplace: Baltimore County, Md.
MOTHER 14. Maiden name: Mary M. Merryman
15. Birthplace: Frederick County Md
16. Informant: Miss Grace Bingham
Address: Weverton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29-1939 (month) (day) (year)
Cemetery or crematory: Reformed
Location: Middletown, Md.
18. Funeral director: Gladhill Co.
Address: Middletown, Md
19. Dec 27 1939 (Date rec'd by registrar) Chas H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26 1939 at 11:45 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to Dec 26 1939
and that I last saw h alive on Dec 26 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	6 mo
Due to: Hypertension	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William Shearer M. D. or other
Address: Brunswick Date signed Dec 27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12393

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (53C)

County Washington — Registration Dist. No. 302

Village or City Hagerstown — No. Washington Co Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Katharine Sours Phillippy — If U. S. Veteran, specify WAR ____

(a) Residence: No. 1014 Mulberry Ave St. Ward ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel J Phillippy

6. DATE OF BIRTH (month, day, and year): Jan 3. 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	32	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Rhula Pa

FATHER

13. NAME: A. D. Sours

14. BIRTHPLACE (city or town) (State or country): Great Britain

MOTHER

15. MAIDEN NAME: Maude Hummel

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Samuel Phillippy

(Address) 1014 Mulberry Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rest Haven Date Dec. 24, 1939

19. UNDERTAKER: A. G. Minnich

(Address) Greencastle Pa

20. FILED 12-22-, 1939 Chas. H. Bowers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 22 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1939, to Dec. 22, 1939

I last saw h- alive on Dec. 22, 1939; death is said to have occurred on the date stated above, at 5:00 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Paralysis of respiratory centers	1 wk.
Other Contributory Causes of Importance: Ventricular Block	1 wk.
Malignant Brain Tumor	1 yr.

Name of operation Tumor of Brain Date of Jan 30

What test confirmed diagnosis? Specimen of tissue. Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? X Date of Injury X, 19____

Where did injury occur? X

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify X

(Signed) W. R. Bender M. D.

(Address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JAN 8 1940 U.S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12394

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 104 North ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 61 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 104 North ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Louise May Phillips

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: Edward F. Phillips
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): apr 14 - 1878

8. AGE:

Years	Months	Days	If less than one day
61	7	19	hrs. min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Worthington Randall
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Wyomia West
15. Birthplace: Hagerstown, Md.

16. Informant: Edward F. Phillips
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6-1939 (month) (day) (year)
Cemetery or crematory: Rest Haven
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. 12-4-39 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1939, at 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1937, to Dec 3 1939, and that I last saw h-r alive on Dec 3 1939.

	DURATION
Immediate cause of death: Coronary occlusion	12/3/39
Due to: Hypertension	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. L. Porterfield M.D.
M. D. or other
Address: 136 W. Washington Date signed 12/4/39

RECEIVED
JAN 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12395

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington

City or town Sharpsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John A. Pry

3. (b) Social Security Number

4. Sex	5. Color or race	6. If single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Marybell Pry

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 5 - 1868

8. AGE:

Years	Months	Days	If less than one day
71	1	2	hrs. min.

9. Birthplace Sharpsburg - Wash. - Md. (town, county, and state)

10. Usual occupation Retired Hardware Dealer

11. Industry or business

FATHER

12. Name Franklin Pry

13. Birthplace Sharpsburg

MOTHER

14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Marybell Pry

Address Sharpsburg - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9-1939 (month) (day) (year)

Cemetery or crematory Mt. View

Location Sharpsburg - Md

18. Funeral director R. D. Earnshaw

Address R.F.D. Keedysville - Md

19. 12-8 1939 (Date rec'd by registrar) Elly Bunge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1939 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Dec. 6 1939 and that I last saw h~~im~~er alive on Dec 6 1939

	DURATION
Immediate cause of death Coronary Thrombosis	12 hrs.
Due to Arteriosclerosis.	10 yrs.
Due to	
Other conditions Chronic Myocarditis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Shealy M.D.

M. D. or Other

Address Sharpsburg Md Date signed Dec. 8 1939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12396

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 907 Hamilton Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Child of J. Richard Rauth

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23 1939

8. AGE: Years	Months	Days	If less than one day
	Still Born		hrs. min.

9. Birthplace Hagerstown Washington Md. (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name J. Richard Rauth
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Marian Davis
15. Birthplace Washington County, Md.

16. Informant J. Richard Rauth
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26, 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 12-26- 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death Stillborn Baby — DURATION —
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1968
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94P)

12397

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Brownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main Street

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Brownsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main Street

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Benjamin Franklin Reid

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Nannie Reid

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July - 11 - 1874

8. AGE: Years 65 Months 4 Days 20 If less than one day ____ hrs. ____ min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Daniel Reid

13. Birthplace Harpers Ferry W. Va.

MOTHER 14. Maiden name Susan Mitchell

15. Birthplace Cumberland Md.

16. Informant Mrs. Nannie Reid

Address Brownsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 4. 1939 (month) (day) (year)

Cemetery or crematory Mountain View Country

Location Sharpsburg Md.

18. Funeral director Wm A. Bost & Son

Address Boonsboro Md

19. Dec. 3 1939 (Date rec'd by registrar) Cornelius H. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to Dec 1 1939, and that I last saw him alive on Dec 1 1939.

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other conditions: Gastric Ulcer

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Shnaufler M. D. or other

Address Brunswick Date signed Nov 1-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (93c)

Reg. Dist. No. 7-306 12398

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Washington
City or town Smithsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wash.
City or town Smithsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. none J.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Samuel Lewis Reynolds.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife none Dead
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2-10-1859

8. AGE: Years	Months	Days	If less than one day
80	10	13	____ hrs. ____ min.

9. Birthplace Smithsburg, Washington Co. Md. (Town, county, and state)
10. Usual occupation Painter
11. Industry or business Painter
12. Name of father David Reynolds.
13. Birthplace Smithsburg
14. Maiden name of mother Elizabeth Fogle
15. Birthplace Smithsburg Md.
16. Informant Edwin Reynolds
Address Smithsburg Md.
17. (Burial, cremation, or removal. Which?) Date thereof 12-27-1939 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery.
Location Smithsburg Md.
18. Funeral director Leo B. Hoover
Address Smithsburg Md.
19. Dec 26 1939 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939 at 1 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 21 1939 Dec 27 1939, and that I last saw him alive on Dec 27 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage	4 days
Due to arterio sclerosis	7 yrs
Due to	
Other conditions My varicose veins	12 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE H. G. Ff Otter M. D. or other
Address Smithsburg Date signed 12/25/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12399

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 129 W. Washington St
Stay in hospital or inst. (yrs., or mos., or days) 34 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 429 W. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry N. Riedel.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Susan.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 3 - 1870

8. AGE:

Years	Months	Days	If less than one day
69	-	6	____ hrs. ____ min.

9. Birthplace Greencastle Franklin Pa.
(Town, county, and state)
10. Usual occupation Tinner.
11. Industry or business Roofing
FATHER 12. Name Henry Riedel.
FATHER 13. Birthplace Hesse Darmstadt Germany
MOTHER 14. Maiden name Sophia Arndt.
MOTHER 15. Birthplace Arndtville Pa.
16. Informant Mrs Virginia Reboldt.
Address Hagerstown. Md.
17. Burial. Date thereof Dec 11 - 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown, Md.
18. Funeral director Andrew Jr. Coffman
Address Hagerstown, Md.
19. 12-11-39 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9. 1939 at 8 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938 to Dec 9 1939
and that I last saw him alive on Dec 2 1939

Immediate cause of death	DURATION
Chronic Hypertrophic Myocarditis	1 yr.
Auricular Fibrillation	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas H Bowers M. D. or other
Address Hagerstown Md Date signed 12/9/39

Hirshman.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-a

12400

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 159 Reynold ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry L. Rinehart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Edith Rinehart
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 8 - 1870

8. AGE:

Years	Months	Days	If less than one day
69	9	24	hrs. min.

9. Birthplace Smithsburg, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Retired School Teacher
11. Industry or business
FATHER 12. Name John F. Rinehart
13. Birthplace Clewsville, Md.
MOTHER 14. Maiden name Martha Fryday
15. Birthplace Smithsburg Md.
16. Informant Mrs. Edith Rinehart
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5 - 1939 (month) (day) (year)
Cemetery or crematory Rest Haven
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.
19. 12-4-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1939, at 8.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1939, to Dec 2 1939, and that I last saw him alive on Dec 2 1939.

Immediate cause of death Bronchopneumonia — DURATION

Due to

Due to

Other conditions Illness

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. H. Coulter M.D.
M. D. or other
Address 154 N. Potomac Date signed 12-4-39
Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(122-B)

12401

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~401 N. Jonathan St.~~ Wash County Hospital 7 days

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 401 N. Jonathan St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Robinson

3. (b) Social Security Number 213-12-7850

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Grace Robinson

6(c) If alive, give age Deceased

7. Birth date of deceased (mo., day, yr.) June 5 - 1873

8. AGE: Years 66 Months 6 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Sharpsburg Md (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Old age Pensioner

FATHER 12. Name John Robinson

13. Birthplace Sharpsburg Md

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Malconra Brown

Address 27 W Bethel St

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12-27-39 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown Md

18. Funeral director John M Caldwell

Address 408 N Jonathan St Hagerstown Md

19. 12-27 1939 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1939, at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Dec 25 1939, and that I last saw him alive on Dec. 24 1939.

Immediate cause of death Hypostatic pneumonia

Due to Renal insufficiency

Due to Intestinal obstruction

Other conditions Old inguinal hernia

(Include pregnancy within 3 months of death)

Major findings:

Of operations Occlusion by adhesions 15 loops 1 bowel.

Of autopsy Pneumonia, Nephritis

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter Layman M. D. ~~or other~~

Address Hagerstown Md Date signed 12/26-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12402

Reg. Dist. No. 3021

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 922 Penna Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 922 Penna Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Etta Bell Ruble.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife W. Jackson.
6(c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.) Jany 25 - 1863

8. AGE: Years 76 | Months 11 | Days – | If less than one day ___ hrs. ___ min.

9. Birthplace Shanghai Berkeley Co. VV Va. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business —
FATHER
12. Name John Lampe
13. Birthplace Shanghai W. Va.
MOTHER
14. Maiden name Marie White
15. Birthplace Shanghai W. Va
16. Informant Mrs. O. W. Morriss.
Address Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 27-1939. (month) (day) (year)
Cemetery or crematory New New Bourne.
Location Martinsburg W. Va.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. 12-26 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 7 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939, to Dec 25 1939, and that I last saw her alive on Dec 24 1939.

Immediate cause of death	DURATION
Arteriosclerotic & senile Heart Disease	—
Due to Auricular Fibrillation —	—
Due to Hypertension —	—
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. Hershman

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

12403

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 922 Penma Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 922 Penma Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Jackson Ruble

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Etta B.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jany 15 - 1857.

8. AGE: Years 82 Months 11 Days 16. If less than one day ____ hrs. ____ min.

9. Birthplace Howards Chapel Fred Co. Va.
(Town, county, and state)

10. Usual occupation Carpenter-

11. Industry or business Retired.

FATHER
12. Name Peter Ruble.
13. Birthplace Howards Chapel Va.

MOTHER
14. Maiden name Mary J. Clarke
15. Birthplace Howards Chapel Va.

16. Informant O. W. Morriss
Address Hagerstown Md.

17. Burial. Date thereof Jany 2 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Nawburne.

Location Martinsburg W. Va.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. 1 - 2 - 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7th 1939, to Dec. 31 1939, and that I last saw him alive on Dec. 30 1939.

Immediate cause of death: Fracture Hip — DURATION 24 days

Due to: Fall

Due to:

Other conditions: Arteriosclerotic & Senile Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 1/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. Hirshman

RECEIVED
FEB 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

12464

CERTIFICATE OF DEATH

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington County
City or town: Dam #4 Williamsport Md. RFD#1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Dam #4 Williamsport Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. F. D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Franklin Eugene Schatzer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	baby

6 (b) Name of husband or wife: baby
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 7 1939

8. AGE: Years: Stillbirth | Months | Days | If less than one day: hrs. min.

9. Birthplace: Williamsport, Md. R. F. D. #1 Dam #4 (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Floyd J Shatzer
13. Birthplace: Penn Mar Md.

MOTHER
14. Maiden name: Jesse Marie Henson
15. Birthplace: Williamsport, Md. RFD #1

16. Informant: Floyd J. Shatzer
Address: #1 Williamsport, Md Dam #4 RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 8 1939 (month) (day) (year)
Cemetery or crematory: Bakersville Cemetery
Location: Bakersville Md.

18. Funeral director: Edith V Leaf
Address: Williamsport, Md.

19 Dec. 7. 1939 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/7/39 19 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/7/39 19 to 12/7/39 19, and that I last saw h- alive on 12/7/39 19.

	DURATION
Immediate cause of death: Still birth	8 hrs.
Due to: Prematurity	
Due to: Fall	12/6/39
Other conditions: Fall while working	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ralph L. Young M. D. or other
Address: Williamsport Md. Date signed 12/8/39

RECEIVED
JAN 4 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12405

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 110 S Virginia Ave.
Stay in hospital or inst. (yrs., or mos., or days) 30 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 110 S Virginia Ave.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary Carrie Schindel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Samuel
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 18 1872

8. AGE: Years 67 | Months 5 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Balto Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ——

FATHER
12. Name Chas Lobert
13. Birthplace Germany

MOTHER
14. Maiden name Mary Pois
15. Birthplace Baltimore Md.

16. Informant Mrs. Clarena Haiston
Address Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8-1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cem.
Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown, Md.

19. 12-7-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1939, at S.P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1938, to Dec 6 1939, and that I last saw h[illegible] alive on 12/1/39 1939.

Immediate cause of death	DURATION
Coronary occlusion	12/6/39
arteriosclerosis	"
Due to Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H Porterfield M.D.
M. D. or other
Address 136 W Wash. St Date signed 12/7/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

12406

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (1)

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 117 North Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 117 North Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William David Schnebly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1915

8. AGE:

Years	Months	Days	If less than one day
24	4	26	hrs. min.

9. Birthplace Hagerstown- Wash. Md. (Town, county, and state)

10. Usual occupation College Student

11. Industry or business

FATHER 12. Name Walter J. Schnebly

13. Birthplace Wash. Co., Md.

MOTHER 14. Maiden name Jessie Hammersla

15. Birthplace Hagerstown, Md.

16. Informant Walter J. Schnebly

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md

19. 12-12-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1939 19 at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1939 to December 11, 1939

and that I last saw him alive on December 11, 1939

Immediate cause of death	DURATION
Diabetes mellitus	8 yrs.
Due to	
Due to	
Other conditions Acidosis Heart failure	2 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Norment M.D.

Address Hagerstown Md M. D. or other

Date signed 12/12/39

RECEIVED
JAN 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12407

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 524 Chestnut St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penn'a. County Huntingdon
City or town Rockhill Furnace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME LUCINDA TERESSA SHINGLER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Christ C. Slingler
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1857

8. AGE: Years 82 | Months 7 | Days 4 | If less than one day hrs. min.

9. Birthplace Cromwell Twp. Penn'a.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Booher
13. Birthplace Pa

MOTHER
14. Maiden name Jane Duffey
15. Birthplace Pa

16. Informant Paul H. Slingler
Address Rockhill Fur Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12, 1939 (month) (day) (year)
Cemetery or crematory Dorsey
Location Orbisonia Huntingdon Co. Cromwell Twp.

18. Funeral director Raymond U. Ott
Address Orbisonia Penn'a.

19. 12-10-39 Chas. H. Beavers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1939 W 12 hours M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/15/39 to 12/9/39 and that I last saw her alive on 12/6/39

Immediate cause of death Cerebral Hemorrhage — DURATION 11/15/39

Due to Hypertension Cardio Vascular Disease and arteri sclerosis — 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE F F Lusby MD
M. D. or other
Address 170 W. Washington Date signed 12/9/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12408

CERTIFICATE OF DEATH

Reg. Dist. No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Keedysville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Cobbles Mill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara E. Snyder

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 - 1858

8. AGE: Years 81 Months 9 Days 8 If less than one day hrs. min.

9. Birthplace Cobbles Mill Wash Co Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Ezra D. Snyder

13. Birthplace Cobbles Mill

MOTHER 14. Maiden name Sarah Stanley

15. Birthplace Portertown - Md

16. Informant Miss Sadie Zimmerman

Address Keedysville - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-8-1939 (month) (day) (year)

Cemetery or crematory Fair View

Location Keedysville - Md

18. Funeral director R. A. Earnshaw

Address Keedysville - Md

19. Dec 8 1939 (Date rec'd by registrar) B. A. Fleetwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1939, to Dec 5 1939, and that I last saw her alive on Dec 5 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage	6 hours
Due to Arteriosclerosis, generalized	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Staton M.D
M. D. or other

Address Keedysville Md. Date signed Dec 6, 1939

ECEIVED
JAN 10 1940
CEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (51-7)

CERTIFICATE OF DEATH

12409

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 months
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural- Clearspring, Md. R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Henry Spickler

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ida M. Spickler
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 16, 1851

8. AGE: Years 88 | Months 3 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington County, Md. (Town, county, and state)
10. Usual occupation: Store proprieter
11. Industry or business: General Store

FATHER
12. Name: David Spickler
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Matilda Ankeny
15. Birthplace: Washington County, Md.

16. Informant: Victor Spickler
Address: Clearspring, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13, 1939 (month) (day) (year)
Cemetery or crematory: St. Paul's Cemetery
Location: Near Clearspring, Md. Route 40

18. Funeral director: Snyder-Rowland Funeral Home
Address: Clearspring, Md.

19. 12-13- 1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11, 1939 2:50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/26 1939, to 12/11 1939, and that I last saw him alive on 12/11 1939.

Immediate cause of death: Terminal bronchial pneumonia — DURATION: 1 day

Due to

Due to

Other conditions: Carcinoma of pain urinary retention — Recent years
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of pain destruction of urethra retention
Of autopsy: Bronchial pneumonia

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: L H Brumbach, M. D. or other
Address: Hagerstown Md Date signed 12/12/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

95-6

12410

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Hinshaw

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown -

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 658 Penna Ave.

Stay in hospital or inst. (yrs., or mos., or days) 17 yrs -

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 658 Penna Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David J Stewart.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Annie.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 4-1869.

8. AGE: Years 70 | Months 11 | Days 12 | If less than one day: ____ hrs. ____ min.

9. Birthplace Gapland Washco Md.
(Town, county, and state)

10. Usual occupation laborer.

11. Industry or business —

FATHER 12. Name Richard Steward.

13. Birthplace Gapland Md

MOTHER 14. Maiden name Charotte Brown

15. Birthplace Gapland Md.

16. Informant John R. Stewart.

Address Hagerstown. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19-1939 (month) (day) (year)

Cemetery or crematory Red Hill Cem.

Location Reedysville Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown md.

19. 12-19-1939 (Date rec'd by registrar) Chas H Groves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Dec 1939

and that I last saw h/her alive on Nov 30 1939

Immediate cause of death	DURATION
Senile Arteriosclerosis Heart disease	
Arteriosclerosis	
Due to Senility	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Chas J Hinshaw M. D. or other

Address Hagerstown Md Date signed 12/16/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 303

12411

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Clearspring. Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Clearspring. Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Still born) Guy Edward Stone

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M.

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. I6 I939

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Washington Co. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Melvin Stone

13. Birthplace Washington co.

MOTHER

14. Maiden Name Myrtle Timmons

15. Birthplace Franklin co. Pa.

16 (a) Informant Melvin Stone

(b) Address Clearspring. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. I7 I939 (month) (day) (year)

(c) Cemetery or crematory Blairsvalley

Location Franklin Co. Pa.

18 (a) Funeral director Snyder Rowland

(b) Address Clearspring. Md.

19 (a) Dec 17-1939 (Date rec'd by registrar) (b) J. A. Murray Coral Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 16, 1939, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16, 1939, to Dec. 16, 1939, and that I last saw him alive on Still born.

Immediate cause of death Strangulation intra uterine by cord — Duration 2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David R. Brewer M.D. M. D. or other

Address Clear Spring Md Date signed 12/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94b)

12412

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 1 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Old Forge Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Augustus Tabler

3. (b) Social Security Number no Number.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Elizabeth
6(c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) Jany 17 - 1896
8. AGE: Years 43 Months 11 Days 7. If less than one day ___ hrs. ___ min.
9. Birthplace Martinsburg Berkeley Co. W. Va. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business
FATHER 12. Name Clifford E Tabler
13. Birthplace Martinsburg, W Va.
MOTHER 14. Maiden name Alice F. Kain.
15. Birthplace Walkersville Md.
16. Informant Mrs Elizabeth Tabler
Address Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 26-1939 (month) (day) (year)
Cemetery or crematory Rest Haven Cemetery
Location Hagerstown, Maryland
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md
19. 12-26 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 6 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1939, to Dec 24 1939, and that I last saw him alive on Dec. 24 1939.
Immediate cause of death Coronary Thrombosis — DURATION 2 Days
Due to
Due to
Other conditions Obesity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M.D. M.D. or other
Address Hagerstown, Md Date signed Dec. 26/39

Dr Beachley

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

CERTIFICATE OF DEATH

12413

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Home

Stay in hospital or inst. (yrs., or mos., or days) Three Weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Wash. County, Home.~~ 417 McDowell Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie E. Trego

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob A. Trego

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 2, 1865

8. AGE: Years	Months	Days	If less than one day
74	8	14	____ hrs. ____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name George A. McKean
13. Birthplace Wash. County, Md.

MOTHER
14. Maiden name Mary J. Bowers
15. Birthplace Wash. County, Md.

16. Informant Lettie McKean
Address 1635 Monroe St. N. W. Washington, D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 12-18- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-39 19__, to 12-16 1935, and that I last saw her alive on 12-16 1935.

Immediate cause of death	DURATION
Chr. Myocarditis	1935
Due to	
Due to	
Other conditions arterio-sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 12/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

12414

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

1. PLACE OF DEATH:

County Washington

City or town Trego

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural - Near Rohrersville

Stay in hospital or inst. (yrs., or mos., or days) at home

Stay in this community (yrs., or mos., or days) 9 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Trego Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - Near Rohrersville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Riley Wagner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Blanch Wagner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April - 11 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	8	3	____ hrs. ____ min.

9. Birthplace Buchanan West Virginia (Town, county, and state)

10. Usual occupation Retired Minister

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Blanche Wagner

Address Trego - Wash. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17. 1939 (month) (day) (year)

Cemetery or crematory U. B. Cemetary

Location Rohrersville Md.

18. Funeral director Wm. J. Best & Son

Address Boonsboro Md.

19. Dec 17 1939 (Date rec'd by registrar) Mrs Katherine Dagenhart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1939, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1939 to Dec. 14 1939, and that I last saw him alive on Dec. 13 1939

Immediate cause of death	DURATION
Chronic Myocarditis	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. LeVan M. D.

M. D. or other

Address Boonsboro Date signed 12/15/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

12415

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 128 N. Cannon
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Elizebeth Wallace

3. (b) Social Security Number 220-09-9077

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife George W Wallace
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
about 55	-	-	____ hrs. ____ min.

9. Birthplace Broadfording Wash. Md. (Town, county, and state)
10. Usual occupation House work
11. Industry or business Private Homes

FATHER
12. Name Mr. Sanders
13. Birthplace Unknown

MOTHER
14. Maiden name Laura Myers
15. Birthplace Unknown

16. Informant Mr. Leroy H. Johnston
Address Chambersburg Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12. 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location Hagerstown Md

18. Funeral director Scott F Minnick & Son
Address Hagerstown Md.

19. 12-12-39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1939, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-22 1938, to 12-10 1939,
and that I last saw her alive on 12-10 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	30 hours ?
Due to Generalized arteriosclerosis with hypertension	Unknown no. of years
Due to	
Other conditions Diabetes mellitus	?
Chronic cholecystitis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John H Hornbaker M.D.
M. D. or other
Address 158 W. Washington St. Hagerstown Md. Date signed 12/11/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12416

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1½ days.

Stay in this community (yrs., or mos., or days) 1½ days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Baby Girl Ward, 1st of Twins

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced S.

6 (b) Name of husband or wife None

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 30/39.

8. AGE: Years | Months | Days 1½ | If less than one day _____ hrs. _____ min.

8. Birthplace Hagerstown, Md. (Town, county, and state)

10. Usual occupation Child

11. Industry or business None

FATHER 12. Name Leo Ward

13. Birthplace Hancock, Md.

MOTHER 14. Maiden name Ruth L. Willard

15. Birthplace Middletown, Md

16. Informant Leo Ward

Address Hagerstown, Md

17. ✓ (Burial, cremation, or removal. Which?) Date thereof Dec. 2/39. (month) (day) (year)

Cemetery or crematory _____

Location _____

18. Funeral director Wash. Co. Hospital

Address Hagerstown, Md.

19. 12-2-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1939, at 6¼ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1939, to Dec. 1 1939, and that I last saw her alive on Dec. 1 1939.

Immediate cause of death ~~Post~~ Natal Asphyxia (Incomplete Expansion of Lungs) DURATION 1½ days.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy Yes - Premature

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Beachley M.D. M. D. or other

Address Hagerstown, Md. Date signed Dec. 2/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

12417

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co.
Stay in hospital or inst. (yrs., or mos., or days): 2 day.
Stay in this community (yrs., or mos., or days): 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1018 The Terrace
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Peter S. Weber

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Cora Weber
6(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): May 13 - 1845

8. AGE: Years: 94 | Months: 7 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Winzeln Bavaria
(Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business:

FATHER
12. Name: Jacob Weber
13. Birthplace: Germany

MOTHER
14. Maiden name: Suzanne Bicohoch
15. Birthplace: Germany

16. Informant: Mrs. H. P. Middlekauff
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17-1939 (month) (day) (year)

Cemetery or crematory: Rest Haven
Location: Hagerstown

18. Funeral director: E. M. Suter & Sons
Address: Hagerstown, Md.

19. 12-16-1939 (Date rec'd by registrar) Edward H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14, 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1939 to December 14, 1939 and that I last saw him alive on December 14, 1939

Immediate cause of death	DURATION
Chronic myocarditis	10 yrs.
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. Bowers M.D.
Address: Hagerstown, Md M. D. or other
Date signed: Dec. 16, 1939

RECEIVED
JAN 8 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12418

93-C

1. PLACE OF DEATH 9-306

County Washington Registration Dist. No.

Village or City Smithsburg Md. #2 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Rebecca Wolf If U. S. Veteran, specify WAR

(a) Residence: No. Smithsburg Md. #2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mahlin K. Wolf

6. DATE OF BIRTH (month, day, and yaar) May 8, 1858

7. AGE	Yaars	Months	Days	If LESS than 1 dey, hrs. or min.
	81	7	15	

OCCUPATION

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased lest workad at this occupation (month and yaar)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Near Smithsburg Md.
(State or country) Md.

FATHER

13. NAME Jacob Mangans

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Grossnickle

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Miss Edith Wolf
(Address) Smithsburg Md. #2

18. BURIAL, CREMATION, OR REMOVAL
Place Grossnickle C. Md. Date Dec 27, 1939

19. UNDERTAKER Walter Y. Grove
(Address) Waynesboro Pa.

20. FILED Dec 26, 1939 Geo. W. Ferguson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 23, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attandad decaased from ~~December~~ December 24, 1939, to December 23, 1939.

I last saw her alive on December 23, 1939; daath is said to have occurred on the date statad above, at 8:30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance were as follows:

	Date of onset
Cerebral Thrombosis	11-26-39

Other **Contributory Causes** of importance:
Chronic myocarditis

Name of operation Dete of

What test confirmed diagnosis? None Was thare an eutopsy? No

23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Natura of injury

24. Was diseasa or injury in any way ralated to occupation of decaased? No

If so, specify

(Signad) Walter L. Wolfinger M. D.

(Address) Smithsburg, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

CERTIFICATE OF DEATH

12419

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1301 Virginia Ave.

Stay in hospital or inst. (yrs., or mos., or days) 3 1/4 mo.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1301 Virginia Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Lulu M. Wolfskill.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife John B.

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 7 - 1877

8. AGE:

Years	Months	Days	If less than one day
62	7	7.	hrs. min.

9. Birthplace Mapleville Wash. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Grossnickle

13. Birthplace Mapleville Md.

MOTHER 14. Maiden name Emma Stouffer.

15. Birthplace McConnellsburg. Pa.

16. Informant John B. Wolfskill

Address Hagerstown. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6 1939. (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 12-4 1939 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1939, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1939, to Dec 2 1939, and that I last saw h alive on Dec 2 1939

Immediate cause of death	DURATION
Coronary occlusion	12/2/39
Due to Arteriosclerosis	?
Due to Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H L Porterfield M.D. M. D. or other

Address 136 W Washington St Date signed 12/2/39

VS A15

Dr. Porterfield

RECEIVED
JAN 8 1940
BUREAU V. S.